

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

AUG - 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23078

Registration District No. 191

Primary Registration District No. 1003

Registrar's No. 5430

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(c) Name of hospital or institution: Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years
(Specify whether years, months or days) Life

3. (a) PRINT FULL NAME Agnes Patterson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: Oct 18 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 12 If less than one day hr. _____ min. _____

9. Birthplace New Haven Mo
(City, town, or country) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name James Patterson
13. Birthplace Ireland
14. Maiden name Agnes Craig
15. Birthplace Ireland
(City, town, or country) (State or foreign country)

16. (a) Informant Max Schenck
(b) Address 3649 Vista

17. (a) Burial (b) Date thereof 7-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Fred M. Williams

(b) Address 4035 Washington

19. JUL 1 1941 (b) J. T. Bruck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Bethesda Home
3649 Vista (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/30 day 30
year 1941 hour 7:00 minute 20 P M.

21. I hereby certify that I attended the deceased from 6/18/41
to 6/30/41, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure

Due to fractured hip (left)
arteriosclerosis

Due to _____

Other conditions 186a
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 6-18-1941
(c) Where did injury occur? St Louis Co Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Thomas Callahan

While at work, working (e) Means of injury fall while working

23. Signature J. Schenck (M. D. or other) 7/1/41
Address Bethesda Home Date signed 7/1/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Wilford H. Burnley

Licensed Embalmer No. *4202*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.